

In re Application of:

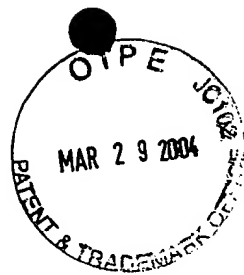
SHINICHI HATAE ET AL.

Appln. No.: 09/253,783

Filed: February 22, 1999

For: DATA COMMUNICATION SYSTEM,
DATA COMMUNICATION METHOD,
AND DATA COMMUNICATION APPARATUS

Mail Stop RCE
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450



Docket No. 03500.013342.

Examiner: T. D. Tran

Group Art Unit: 2665

March 24, 2004

RECEIVED

MAR 31 2004

Technology Center 2600

Sir:

Transmitted herewith is a preliminary amendment in the above-identified application.

☒ No additional fee is required.

The fee has been calculated as shown below

| CLAIMS AS AMENDED | | | | | | |
|--|--|-------|--|-------------------------|----------------|-------------------|
| | (2) CLAIMS REMAINING AFTER AMENDMENT | | (4) HIGHEST NO. PREVIOUSLY PAID FOR | (5) PRESENT EXTRA | RATE | ADDITIONAL FEE |
| TOTAL CLAIMS | * 27 | MINUS | ** 34 | = 0 | x \$9 \$18 | \$0 |
| INDEP. CLAIMS | * 3 | MINUS | *** 12 | = 0 | x \$43 \$86 | \$0 |
| Fee for Multiple Dependent claims \$145°/\$290 | | | | | | \$0 |
| TOTAL ADDITIONAL FEE FOR THIS AMENDMENT--- | | | | | | \$0 |

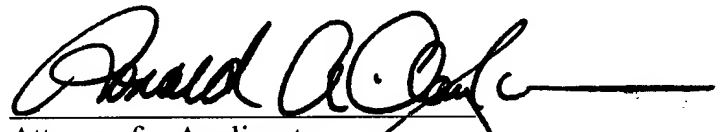
* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

- ☐ °Verified Statement claiming small entity status is enclosed, if not filed previously.
- ☐ A check in the amount of \$____ is enclosed.
- ☐ Charge \$____ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.
- ☒ Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Patent and Trademark Office is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205.
- ☐ A check in the amount of \$_____ to cover the Extension fee for response with____-month extension is enclosed.
- ☐ A check in the amount of \$____ to cover the Information Disclosure Statement fee is enclosed.
- ☒ Applicants' undersigned attorney may be reached in our New York Office by telephone at (212) 218-2100 or by facsimile at (212) 218-2200. All correspondence should continue to be directed to our address given below.

Respectfully submitted,

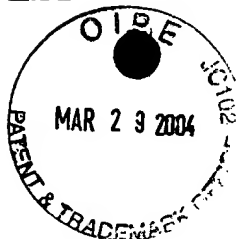


Attorney for Applicants

Registration No. 261,718

FITZPATRICK, CELLA, HARPER & SCINTO
30 Rockefeller Plaza
New York, New York 10132-3801
Facsimile: (212) 218-2200
NYMAIN 417191

03500.013342.



PATENT APPLICATION

18D
4-5-04
mg

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

SHINICHI HATAE ET AL.

Application No.: 09/253,783

Filed: February 22, 1999

For: DATA COMMUNICATION SYSTEM,
DATA COMMUNICATION METHOD,
AND DATA COMMUNICATION
APPARATUS

)
:
Examiner: T. D. Tran

)
:
Group Art Unit: 2665

RECEIVED

MAR 31 2004

)
:
March 24, 2004

Technology Center 2600

Mail Stop RCE
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

PRELIMINARY AMENDMENT

Sir:

Prior to continued examination on the merits, a Request for Continued Examination (RCE) being enclosed herewith, Applicants respectfully request that the above-identified application be amended as follows. The claim amendments are reflected in the listing that begins at page 2. The Remarks begin at page 9.

I hereby certify that this correspondence is being deposited with the United States Postal Service as first-class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on

March 24, 2004
(Date of Deposit)

Ronald A. Clayton (Reg. No. 26,718)
(Name of Attorney for Applicants)

Signature

March 24, 2004
Date of Signature